

CENTRAL VIRGINIA REGIONAL JAIL
INMATE REQUEST FORM

Name Richard C. Conner Time 10:01 AM

PCP # 634365

Date 5/13/23 Housing Cell

INSTRUCTION: Please check the problem or request area. Be specific about what action you want. This is not a grievance form.

- CDI - Community Diversion
- Chaplain
- Classification
- Commissary
- Haircuts
- Inmate Accounts
- Mail
- Medical
- Notary

- Programs
- Property
- Records
- Shift Supervisor
- Special Canteen
- Special Visit
- Trusty
- Work Release
- Other (pt)

REQUEST: Can I have a grievance, before I file a

first time I meet the supervisor to be
denied C.R.P. LT. for medical, I believe that
policy is discrimination, Thank you.

Staff Receiving the Request: MI Date 5/13/23

Supervisory Review: _____ Date _____

Action Taken: GRIEVANCE ISSUED 5-3-23 - Hovey

Response: Notified VIKOR 5/13/23 - 10:01 AM
Accordance to C.R.P. LT. will be reviewed by supervisor
for Classification issues within 3 months with
a grievance filed 120 days after issue

Signature _____ Date _____

Original - Completed form forwarded to appropriate file.

Copy 1 - Completed form returned to Inmate with Action Noted/Response.

Copy 2 - Retained by Inmate at Time of Request.

RECEIVED MAY 04 2023 Received Date: 5-4-23 Print Name: M. DUDLEY Initial: msd

Central Virginia Regional Jail
Grievance Form No. 879

Date Received: 5-4-23 Inmate Name: Kaconce, Richard PCP: 034305

Before sending in a grievance, read Section 15 of the Inmate Handbook. After reading this section if you still feel that you have a legitimate grievance fill out this form and submit it to the Classification Officer.

I have read and understand Section 15 of the Inmate Handbook and by my signature, state that my grievance is legitimate: R. Kaconce

(Signature)

Part 1. Inmate's Statement: Briefly state the nature of your complaint, be sure to include the date, time and name of all persons involved.

I've submitted two request to medical requesting equal treatment for Substance Abuse Disorders such as MATS or other offenders were treatment for the same Disease I suffer from. In 26/22 & 5/1/2023 I'm unsure of the names, I've rarely or almost never seen a name tag. However, I continue to hold on to the 5/1/23 response.

Part 2. Briefly explain what you have done to solve the problem before you resorted to a grievance form.

Written several honest forms, 2) Smoke to a doctor. 3) Smoke to Clementine Heard same day I was issued this appearance. 4) Painkill, Resonances or a combination of both is Dr. Phillips I'm unable to be treated for Substance Abuse Disorder as I watch my peers being treated for the same disease I struggle with.

Part 3. Specific action or relief requested:

I would very much like to be treated for Substance Abuse Disorder—which Notes High Success of those who treat w/ MATS as opposed to Not Being Treated, in other words: I would have a less than 10% chance to remain sober upon release, which also heightens Death from Overdose If Not Treated.

Part 4. Response from proper authority:

(To be completed within 9 [nine] work days of receiving.)

See attached

Signature and Title: Bickey-Jane, RA Date: _____

I, (print name) _____ [] am [] am not satisfied with the above answer or response.

I, [] do [] do not wish to appeal this decision. If so, the Classification Officer will provide you with the proper appeal form.

Date: _____ Inmate's Signature: _____

Inmate Koonce, Richard (PCP# 034305):

Response to your grievance (#879) submitted on 5/4/23:

Regarding your request that the Central Virginia Regional Jail (CVRJ) provide you with treatment for Substance Abuse (SA) Disorder, stating that you are requesting equal treatment for SA Disorder, specifically MAT, that is being provided to other offenders:

You were booked into CVRJ on 10/7/22 at approximately 4:17am.

You were seen by our mental health clinician for your initial mental health intake assessment that same day at approximately 9:13am and reported that you had been actively using Heroin and Cocaine. At no time during that encounter did you request any type of SA treatment or inquire about SA resources available to you in the jail.

Upon being seen by a member of the nursing staff for your initial booking medical screening that same day at approximately 9:27am you again reported that you had actively been using Heroin and Cocaine, with your last drug use being the day prior. During this screening you reported, while you had received both in and out-patient SA treatment in the past, that you were not currently receiving any SA treatment, hadn't received any SA treatment for a long period of time, and that you were not able to recall the name/s of any of the SA treatment centers where you had received care in the past. At that time, you were told that you would be started on our withdrawal protocol for your reported Heroin and Cocaine use and that you would be started on physical symptom monitoring and symptom supportive medications. At no time during that encounter did you request any other type of SA treatment or inquire about SA resources available to you in the jail.

Between the time you arrived to the jail on 10/7/22 through 10/25/22 you submitted three request forms to medical. On 10/14/22 you submitted a request to medical asking for a pair of reading glasses, on 10/24/22 you submitted a request to be seen by mental health for lack of sleep, and on 10/25/22 you submitted a request to medical regarding obtaining your dentures. The fourth request form that you submitted to medical, submitted 19 days after you arrived to the jail (submitted on 10/26/22) was related to SA treatment. In this request form you did not ask for SA treatment in general, you specifically asked to be started on Suboxone for Fentanyl and Heroin addiction. A member of the nursing staff received your request and

responded to you on 10/28/22, informing you that at that time we don't initiate Suboxone and can only continue Suboxone prescriptions that are current.

After submitting the request for Suboxone and receiving the response from the Medical Department on 10/28/22, you submitted eleven requests to medical, none of which pertained to SA treatment. In addition, you were seen by a physician on several occasions (12/6/22 X2, 12/27/22, 2/21/23 and 4/13/23) and never requested any treatment for or information about SA Disorder treatment.

On 4/16/23, six months after receiving the response to your request for Suboxone, you submitted a request to the Major requesting treatment for SA Disorder. The request form was forwarded to undersigned and you were referred to be seen by our Medical Director, Dr. S. Ottolini, MD upon his next visit to the facility. You were seen by Dr. Ottolini on 4/27/23. Upon meeting with Dr. Ottolini, the jail's current Medication Assisted Treatment (MAT) program, especially the part related to the use of Suboxone, was explained to you at length. You were told again that Suboxone treatment is not initiated by providers at CVRJ so, only offenders who have active Suboxone prescriptions upon entering the facility will continue to receive it while incarcerated. Dr. Ottolini discussed MAT initiation options available at CVRJ which include Naltrexone and Vivitrol, but you stated that you were not interested in those options.

On 5/1/23, you submitted a request form to the Captain and asked for a grievance. In that request you stated that you wanted the grievance because before you could file a tort claim that you had to file or be denied a grievance. Because you stated that you wanted to grieve Medical Policy, the request was forwarded to undersigned by the Captain. On 5/3/23 I met with you in an attempt to resolve your complaint prior to issuing a grievance.

During our meeting on 5/3/23 I explained our current MAT Policy with you and provided you with several alternative options for SA treatment other than Suboxone including Naltrexone, Vivitrol, SA counseling with our mental health clinician or our Certified Peer Recovery Specialist, as well as participation in our ongoing Seeking Safety group for individuals with trauma and SA issues, and you indicated that you were glad that we have those things available, but that you are only interested in going through the courts in an attempt to make Suboxone and Methadone available to any incarcerated individual with a SA Disorder. You also stated that your issue wasn't with the Medical Department or CVRJ per se, that it is with the local and Federal Government for not ensuring that MAT, specifically Suboxone and Methadone, are available to all incarcerated individuals. Because our current MAT Policy only makes Suboxone and Methadone available to individuals who arrive to CVRJ active in a SA

treatment program with current prescriptions for Suboxone or Methadone, we agreed that I was unable to resolve your issue and that you would be issued a grievance.



Deidre Lowe, RN, BSN
Medical Department Supervisor

RECEIVED MAY 13 2023 Received Date: 5-13-23 Print Name: M. Duroley Initial: mso

Central Virginia Regional Jail
Grievance Appeal Form
Part 1

Date Received: 5-15-23 Inmate Name: KOONCE, RICHARD PCP: 034305

To: Captain

From: KOONCE, RICHARD
(Inmate's Name)

Grievance # 879-A (copy attached).

On what do you base your appeal?

See Attachment, pgs (1-5). & See pgs (1-6)

R. Koonce
(Inmate's Signature)

5/12/2023
(Date)

To: Inmate _____

From: Captain _____

Captain's Response:

Date: _____ Signature: _____

I, [] am am not satisfied with the response of the Captain, which I have received in writing.

I, Richard Koonce do [] do not wish to appeal further.

Inmate's Name Richard Koonce

Signature of Inmate: R. Koonce

Date: 5/12/2023

May 17, 2023

To: Inmate Koonce III, Richard Jerome PCP#034305

From: Major J. Hoffman



Chief of Inmate Services

Re: Grievance #879-A

Inmate Koonce, I received your Grievance Appeal Form (879-A) on May 15, 2023. I have reviewed your Initial Grievance, RN Lowe's response, and your appeal to me. I have also reviewed documentation pertaining to your Grievance.

Upon receipt of your Grievance, I see that you have already signed and indicated that you do wish to appeal further. Yet, you failed to give me the opportunity to attempt to resolve your complaint.

I see your Specific Action or Relief Requested is that you want to be treated due to you stating you only have less than a (10%) ten percent chance to remain sober upon release. Upon RN Lowe's response, she offered to satisfy that Specific Action or Relief Requested. However, based on your appeal and RN Lowe's response, it appears you don't want to be treated with Naltrexone or Vivitrol. Both Medications are used to prevent people who have been addicted to opiates from blocking effects from Heroin and opioid pain medication. While you remain incarcerated, you should not need these medications due to you not having access to opiates. However, prior to your release, one of these medications could be administered to help you until you could seek further treatment.

The facility offers Vivitrol and Naltrexone. However, this is voluntary for the Inmate. I will not give you a number of times that Inmate(s) have been administered the medication. However, I will tell you that it is voluntary upon release for the Inmate.

You also state that RN Lowe told you about classes that are offered here at the facility. You state that she did not know the names of the Peer Counselors. These Counselors are not employees here at the facility and are with Rappahannock Rapidan Community Services. Currently there is only (1) one Peer Counselor. Her name is Ms. Ruiz. They are currently looking to add (1) one more. As RN Lowe offered, you could participate in one of their programs as well as Seeking Safety. Those options are available to you. You state in your appeal how would you know. A sign up sheet went into all of the

Housing Units in the facility a couple months ago. Also, the facility currently has a Mental Health Clinician and a Case Manager. The Peer Counselor comes into the facility twice a week.

On April 27, 2023 you were scheduled and met with the Jail Physician. As he outlined, you are not a candidate for Suboxone. However, Naltrexone and Vivitrol were offered to you by the Jail Physician. You chose to decline both of those options. As of March 15, 2023 the Virginia Department of Corrections did a Press Release which stated they will not initiate candidates but will continue treatment. Our Policy is in line with the Virginia Department of Corrections' Policy.

You state that RN Lowe drove an Inmate to Virginia Beach to get methadone. This statement is partially inaccurate. RN Lowe did go to Virginia Beach to get medication for an Inmate who had a current and valid prescription for it. Also, that was the only available place for the medication due to the manufacturer. Again, she had a current and valid prescription. Also, you state that other Inmates are on Suboxone. You are correct in that statement. However, those Inmates were approved by the Jail Physical and had a current and valid prescriptions prior to incarceration. Thus, they were already in a MAT Program.

I believe RN Lowe answered your Grievance in full. The facility has multiple options available to you. However, you are only interested in one which is the Suboxone. The facility has a Mental Health Clinician, Case Manager, Peer Counselor, and Programs available to you. As well as Naltrexone and Vivitrol.

If you have any further questions, feel free to submit an Inmate Request Form to me.

5/12/23

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Richard Koonce # (034305)

re: Grievance # 879-1

On what do you base your appeal? I understand, from the very moment I'm booked into CVRJ, this medical department, namely one Deidre Lowe, RN, BSN becomes my medical health provider, therefore I as an inmate do not have any other options open to me during my incarceration here at CVRJ.

Deidre Lowe, RN, BSN has done a pretty good job in her outline and details of every request inmate Koonce has properly submitted to the medical department. What is missing from her account of events during the first couple days down to the exact time each and everyone whom I came into contact with, even the questions which was asked to inmate Koonce. 9:13 AM - Inmate Koonce actively described he suffers from acute Substance Abuse Disorder - And because inmate Koonce did not inquire as to any such Substance Abuse resources; inmate Koonce is clearly demonstrating classic signs of the Disease of Addiction. lack cognitive skills.

9:27 AM, some fourteen minutes later, inmate Koonce was asked again a series of Questions. Because Koonce was unable to promptly remember when, where, or even whom he has been treated by in his lifetime past, is an indicator that as the chief medical provider, they are legally bound by Ethics to explain to inmate Koonce ALL of the available options to him at that time. CVRJ medical Dept. clearly did not do so; instead, Deidre Lowe, RN, BSN is stating: "At no time during that encounter did you request any other type of SA treatment or inquire about SA resources available to you in the jail."

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If inmate Koonce is following Correctly, it seems that his admission on numerous occasions that he is in fact an opioid Abuser, as well as an abuser of many other drugs not only limited to cocaine, given his last use less than 36 hrs., inside a facility he's only been in one other time, more than two years prior, for a brief stay; this facility is admitting "they Did Not in Fact explain to inmate Koonce NOT ONE SINGLE Resource Available to HIM as described in the first two paragraphs of Deidre Lowe, RN, BSN report #879."

As the medical provider, by its code of Ethics is to treat ANY KNOWN medical issue, namely Substance Abuse Disorder, and because inmate Koonce Did Not request ANY particular treatment at/during 10/7 @ 9:30am or 9:27 this Medical Dept, decided to forego ANY treatment of the Disease of Addiction; All the blame is on inmate Koonce, even though he accurately described his lengthy battle with this Disease of Addiction, which has claimed more lives in Virginia, than car accidents/shootings combined. The opioid crisis has lead to jails, like CVRJ to treat NOT Substance Abuse Disorder, but to Continue to treat such addicts who are fortunate to seek help prior to their incarceration yet, as Deidre carefully detail inmate Koonce did not inquire about, failed to mention: per Policy they would not/could not treat inmate Koonce if he had inquired. The deceit in Deidre's response by purposely leaving out that inmate Koonce, even if policy allowed (which it does not) if/m Koonce would have had to wait a period of 7-14 days before he could begin most MAT's any action to treat prior would send a person into a violent withdrawl.

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Third paragraph, a series of Request was sent by Jim Koonce, and again CVRJ NEVER once followed up with any Questions as to the deadly and progressive illness Jim Koonce struggle with. Then on 10/24, Jim Koonce again is giving this medical Dept. an opportunity to expose him to ANY available options open to him because the Current Handbook DOES NOT site any available resource's. Therefore, Jim Koonce is diminished for NOT knowing what options are available to him, while his medical provider either knowingly & willingly decide NOT make known to him is clearly against the medical profession of Ethics. Here, this medical Dept. is very deceitful, for example. Of ALL the Request Jim Koonce Submitted to medical, NOT a single one mention's Naloxone or Vivitrol as if Jim Koonce would know what's available. As well as the Vivitrol Shot, Deidre explained it's ONLY available to offenders the Day before release, again She purposefully as I'll assume such to have NOT mentioned Jim Koonce is NOT a candidate for such treatment.

There is no distinction as to Substance Abuse Disorder or Mental Health Wellness: for example: a person who has NEVER been treated for Mental Health Wellness in Society, can be treated here at CVRJ with meds... A Diabetic who wasn't taking their Meds in Society will be given their meds here at ~~CVRJ~~ CVRJ, if someone finds out they are cardiac arrest issues regardless of what they done/or haven't done, They will be treated and if they are NOT treated, CVRJ could possibly face a number of penalties. However, when it comes to the Stigma of Substance Abuse Disorder and its treatment which IS NOT available here at CVRJ, is where Discrimination is evident.

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Because the handbook gives no direct indication and, as Deidre's response has assured if one does not know, the medical staff here will Not as a medical provider take a moment to explain what options are available to inmates; it's very likely most of the men and women like Um Koonce will succumb to the disease of addiction because a policy has decided one's fate By Not treating those who struggle with Substance Abuse Disorder is more important.

I will disagree as to the 5/3/23 meeting, there was only an option to Um Koonce was Vivitrol; example: How many current offenders are in the Vivitrol shot? How many has remained at CVRT after the 1st Vivitrol shot? As any mention to Your Certified Peer Recovery Specialist - Dierdre didn't even know their names, again the handbook makes NO Mention of that Service being offered, nor can Um Koonce find out by the Staff he has asked, who are the names of the CRPS here at CVRT? Nor has the medical Dept. ever took the time to give that type of information to Um Koonce from all the Request Sent.

Um Koonce concern is one of survival, it's often said that re-entry starts on Day 1 of incarceration, if this medical dept. spent half the energy trying to disprove Um Koonce perhaps their will be soon to get past the awful stigma of addiction and actually treat ALL who may want such treatment for Substance Abuse Disorder. If this medical dept. treats ONE inmate and not the next who suffer from the same Disease, the inmate who is treated is less likely to die from overdose, while the inmate CVRT Refused

P.S.

to treat will likely die from opioid abuse. Ym Koonce is fighting against a System, a machine of such where money is more important than human life. Ym Koonce has demonstrated time and again his desire for a respectable amount of treatment for the Disease of Addiction, in which he has struggled with over the years, and if his Medical Provider fails to treat such Disease, such facility would appear on the face of several request submitted by Ym Koonce, the lack of treatment thereof, will amount to discrimination against Ym Koonce.

In Closing, Deidre's outline ~~and~~ could not have given such a better voice, and pathway to Show and prove that the Medical Dept. Here at CVRT has not/cannot/will not treat Ym Koonce for his Disease of Addiction, Shame on you CVRT to continue to allow the Stigma of Drug Addiction to Continue here at CVRT.

Respectfully,

R. Koonce
5/2/2023

Inmate Koonce, Richard (PCP#034305):

5/12/23

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Response to your grievance (#87A) Submitted on 5/4/23:

On what do you base your appeal: I'm Koonce will attempt to show and prove, based in part upon the response of one Deidre Lowe, RN, BSN theory of the facts, which will show how not only has the medical dept. here at CVRJ totally failed to recognize the need for Substance Abuse treatment based upon signs missed by the medical Dept. In Koonce has aggressively over the course of his stay has been fighting for a chance to be fully treated for the disease of Substance Abuse Disorder, meaning a human need is a human right. If a single individual is treated for Substance Abuse Disorder, I'm Koonce based on the Law of equity, fundamental fairness has just as much a right to be treated as ANY other offender housed at CVRJ regardless of any difference to one arriving at CVRJ with a prescription for Suboxone or Not. For example.① If one suffers from a mental health wellness, CVRJ will fully treat the regardless of if this offender possessed a proscription prior to incarceration or not.② If an offender discovers he's having chest issues they will be treated, if it is further discovered this offender has heart disease, CVRJ will fully treat this offender regardless of prior proscriptions or lack thereof.

With more Americans dying by overdose of Fentanyl than ever, it has been evidence based that those who are treated for Substance Abuse Disorder have a higher success rate of survival than those who are NOT treated with either Suboxone or Methadone. From 9:13 - 9:27 AM on 10/7/23

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'm Koonce admitted a minium of twice in less than 30 minutes that he is a life long Substance Abuser who was clearly struggling to even recall the names of SA treatment centers, where he in fact received treatment. Deidre LOWE, RN, BSN, & Staff failed 'm Koonce for the 3rd time in under 30 min. to recognize a red flag of Substance Abuse Disorder, lack of memory, disoriented, high-blood pressure to name a few obvious signs CVRJ missed the opportunity to treat 'm Koonce for the real Disease of Addiction.

"At No time during that encounter did you request any other type of SA treatment or inquire about SA resources available to you in the jail."

Here lies the terrible statement of Deidre Lowe, RN, BSN; thus 'm Koonce firmly stated at 9:13AM on 10/07/22 "reported that you had been actively using Heroin and Cocaine.

1) CVRJ response was: "At no time during that encounter did you request any type of SA treatment..."

A) More importantly, CVRJ Medical Dept. Did Not attempt to give a New offender to there facility, for 5½ hours, expect 'm Koonce to inquire as to Resources available to him?

- 1) 'm Koonce can barely keep his eyes open.
- 2) 'm Koonce had yet to be give a institution handbook.
- 3) Even if he had, there's No mention of the Suboxone treatment.
- 4) Even if there were, 'm Koonce would have had to wait 7-21 days before the evidenced based treatment with Suboxone, but not if treated with methadone.

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5) Any Suboxone treatment prior to allowing sufficient time for one's body to detox, will push a forced severe withdrawal symptoms which is against any evidence based treatment plan.

6) Ym Koonce Also Did Not inquire about being treated on physical symptom monitoring & symptom supportive medications, AS Stated in Paragraph # 2 of Deidre Louie, RN, BSN report.

7) It is NOT the duty or responsibility of an offender to dictate how he would be treated while incarcerated, CVRJ assumes the sole medical provider for Ym Koonce. As his medical provider, one would assume, based on the report Ym Koonce made ~~on~~ several attempts, especially being treated with the highly successful evidence based Suboxone treatment; however, by policy, it dictates to treat SOME offenders with their prior Suboxone program; however, despite suffering from the exact same Disease as another offender; Ym Koonce has been DENIED treatment while others are in fact treated.

8) In regards to a Disease, "a medical provider is bound by duty, oath, & Ethics to treat ANY individual in need of treatment." To not treat an offender because he/she may be incarcerated is discrimination, malpractice, Stigmatized, and untreated, & illegal.

For Ym Koonce, his very life may hang in the balance, to be told "there's not enough personnel or/and money to treat him is discouraging."

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Deidre Lowe, RN, BSN did a wonderful thing as she detailed the journey of Ym Koonce to be treated for his disease of Addiction. It's a detailed description of total failure on the part of one Deidre Lowe, RN, BSN, and CVRJ; if NOT for nothing, Ym Koonce's belief that every human need is a human Right, and when Ym Koonce see his peers being treated with the highly evidenced base treatment of Suboxone, despite his consistent effort as document by Deidre Lowe, RN, BSN, Ym Koonce has been DENIED time & time again to be fully treated for his Disease of Addiction while housed at CVRJ.

Per CVRJ policy "... we don't initiate Suboxone and can only continue Suboxone prescriptions that are current." (pg. 2 1st para.)

That is unacceptable, ex: This facility will take offenders to outside service's of ALL kinds, which is another Example how CVRJ has discriminated against Ym Koonce. Why hasn't Ym Koonce been taken to an outside agency to get "a current prescription" to treatment?

It's overwhelming as described to Ym Koonce as she easily and actively explained how she drove a female offender all the way to Virginia Beach, because that is where this (female) offender medical provider was.

As for Naltrexone/Vivitrol, Deidre Lowe, RN, BSN did admit she gives this Vivitrol shot to offenders— however, ONLY the DAY Before being Released. Ym Koonce demands the records of how many (minus their Name) offenders are currently housed at CVRJ after their first shot of Vivitrol; just to provide/disprove if her eligible.

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If we take Deidre Lowe, RN, BSN account it would be a tragic mistake almost akin to the Rapist blaming the victim it's their fault for wearing a short mini-skirt; AS we know that is exact what Deidre Lowe, RN, BSN is claiming by repeatedly stating Ym Koonce did not ask for SA treatment, however, in the ALL of these dates Ym Koonce either seen or factually inquired about Subskone; Name One Single Step Deidre Lowe, RN, BSN, CCRJ, or any other party treated, explained a particular treatment to Ym Koonce, who is in the care of Deidre Lowe, RN, BSN? Who has attempted to treat Ym for Substance Abuse Disorder, which Black men are 3x's more likely to overdose, or suffer Death by Fentanyl use?

As Deidre Lowe, RN, BSN, spoke briefly as to the existence of Certified Peer Recovery Specialist; yet She did not know their names. If Deidre Lowe, RN, BSN Does not know the CPRS, how can anyone expect Ym Koonce to know them or find them? One thing Deidre Lowe, RN, BSN failed to inform Ym Koonce over 7 months; she NEVER mentioned CRPS once, never, why now?

For Ym Koonce to have to fight, argue, beg, and discredit Staff only to be pushed in a corner having to go through more issues than his peers who are currently being treated and if you treat ONE Deidre Lowe, RN, BSN must figure out away to treat Ym Koonce Equally. If Deidre Lowe, RN, BSN, put the same energy for NOT treating Ym Koonce, just imagine how many lives can be saved before

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a fatal batch of Fentanyl finds untreated men/women who are misinformed, denied evidence based treatment Suboxone. We have an opportunity at this very moment to be trailblazers, to defy the stigma "drug-addicts" are not worthy to be treated with dignity and respect. CVRJ, just not to far in it's distance past was not even treating those with current prescriptions, to treating; however, another segment of our community is NOT being treated for a number of known & unknown reasons. It's to late to go backwards, 'M Koonce' eagerly, aggressively, and ~~willingness~~ deserves the right to not only be treated but to have a voice in his treatment. For Trauma informed Care dictates 'M Koonce' rightfully, morally, and ethically should have ~~Access~~ ~~equally~~ Access to the medical needs in which fits his recovery from the Deadly Disease of Addiction.

Without said Equal protection Mr Koonce seeks access to any/all of his medical records to be submitted as part of his tort claim.

Respectfully Submitted,
Richard Koenze

Received Date: _____ Print Name: _____ Initial: _____

Central Virginia Regional Jail
Grievance Appeal Form
Part II

Date Received: _____ Inmate Name: KOONCE, RICHARD PCP: 034305

To: Chief Operations Officer

From: KOONCE, RICHARD
(Inmate's Name)

Grievance # 879-B (copy attached)

On what do you base your appeal?

See attachment See pg's(1-3)

R. Kounce
(Inmate's Signature)

5/17/2023
(Date)

To: Inmate _____

From: Chief Operations Officer _____

Date: _____ Signature: _____

I, [] am [] am not satisfied with the response of the Chief Operations Officer, which I have received in writing.

I, _____, [] do [] do not wish to appeal further.

Inmate's Name: _____

Signature of Inmate: _____ Date: _____

STOP referring me(Koonce) to Mental Health When I have a Substance Abuse Disease. They are Different.

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Richard Koonce # 034305

On what do you base your appeal? Once again, I'm not looking for any type of agreement, wherefore, this process is only the means to a higher cause. However, your response is Clinically, Ethically flawed. You stated Naltrexone or Vivitrol are available to me, yet you go on to say "prior to your release," but failed to disclose whether it's one day prior to my release as stated to me by MS Lowe, RN, BSN; or 30 days, 60 days, or even 90 days prior to release. Your response I find highly deceitful and very much in line with the Stigma of Substance Abuse Disorder. And later you failed to give me the correct amount of data to either prove or disprove my proposition. For the Record, I Never declined ANY Substance Abuse Treatment here at CVRJ, if you have any documentation to say otherwise I suggest you prove it. And to take it a step further: As of the 17th day of May, 2023 I Am Requesting to be treated first by the evidence base Suboxone, if Not Available, I would like the Vivitrol Shot, if not available, as an ~~other~~ alternative Naltrexone (which I do not have access to such evidence base success rate of the two latter).

Yes, I am demanding to be treated for the Disease of Addiction, often referred to as: Substance Abuse Disorder. By you even attempting a recommendation to your Mental Health Clinician proves how out of touch you are when it comes to Substance Abuse treatment, if I wanted mental Health Wellness I would have sent such a request to Mental Health, operative word "Substance" Abuse treatment; wherefore I will assume CVRJ Does Not have a Substance Abuse Clinician as you do for Mental Health, which Again proves CVRJ is not in position at the current time to treat those of us who

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With Substance Abuse Disease/Disorder.

My argument has NOT changed, nor do I understand CVRJ to be able to unilaterally ~~decide~~ determine whether or not CVRJ policy is in fact discriminatory towards inmates in my position, or who does not have a current prescription. Irregardless, if CVRS treats a Single offender while housed at CVRJ, then CVRJ either has to treat/or offer the Exact Same type of treatment, by law, not policy. Guess what? The law of Equity demands fair/equal treatment to all in the care of Any Medical provider.

You speak briefly as to your jail Physician, "As he outlined, you are not a candidate for Suboxone."

1) He is bias because by jail (CVRJ) policy automatically disqualify 'm Koonce because 'm Koonce does not have a current prescription.

Nor did your jail physician ask me a single Question as to my Past Abuse of opioids. Of course he would deem me not a candidate for Suboxone.

2) You Stated some type of forms were placed in the pod a couple months ago, yet you only mention Seeking Safety, what is the name of Other Such program(s) (you did make it plural). Again, as I've stated over and over: I want any/all help available to me here at CVRJ. As to exact: What is the date those Sign-up sheets went up in the pods, I've yet to have seen such, also, how would the offender who was incarcerated just a week ago know about Any program(s) available to them, based on information posted ~~and~~ months ago?

3) Your ignorance to the destruction as to the path of one addicted to opioids by firmly Stating "While you remain incarcerated, you should not need these medication due to you not having access to opiates."

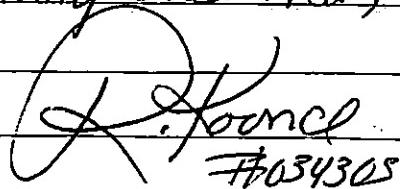
P.B

Try telling that ill-informed statement to a parent who lost their child due to death by overdose. Which are you willing to state "there's a 100% chance that anyone, not only Ym Koonce will not have access to opiates?"

Facts are against your proposition, just within the last 4-6 months (CVRJ) had a bunch of offenders test positive for illegal substances, wherefore be happy anyone of those individuals has not a death by overdose. Which proves your statement FALSE! Furthermore, are you even qualified to give medical, substance or otherwise advice or suggestions outside of security, and if so I would need those qualifications or lack of in order to document for my Tort claim. Ms. Lowe, RN DID NOT OFFER ANYTHING to me - For the record. Is there a refusal form available for inspection?

Discrimination is giving to one but not the other. My grievance is and has been the fact (CVRJ) treats offenders with the highly successful evidenced base MAT: Suboxone; if (CVRJ) policy dictates (CVRJ) NOT to treat Ym Koonce #034305; (CVRJ) has in FACT Discriminated directly/indirectly against him by offering less equality treatment. Offender Koonce holds as part; Restatement (Second) of Contracts, in support of his claim of Discrimination.

Respectfully Submitted,


Ym Koonce

If a medication is available, I want it!

#034305

For the Record: I signed in the wrong space, indicating I did not give you an opportunity, my apologies. Nevertheless, here is my response. All I ask is to begin my journey of recovery based on the best information available: That would be either Suboxone/Methadone/Mats.

To: Inmate Koonce, Richard Jerome III. PCP #034305

May 31, 2023

Re: Grievance # 879-B

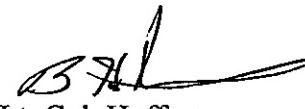
Inmate Koonce, I received your grievance form on May 18, 2023. I have reviewed all documentation pertaining to your complaint. I met with RN Lowe and Major Hoffman concerning your Jail Records and Grievance.

In response to your statement; (Once again, I'm not looking for any type of agreement, wherefore, this process is only the means to a higher cause). Your saying until you get what you want you are not interested in any one's response to your grievance. You wish to proceed through the courts to try and make Suboxone and Methadone available to everyone incarcerated with a SA Disorder.

You now wish to be treated with Vivitrol or Naltrexone. I will schedule you to meet with RN Lowe and she will explain in detail the treatment for both.

You state that you wish to attend more Programs/Classes, this is completely up to you. Most of the Programs available to you are listed on page 38 of the Central Virginia Regional Jail Inmate Rules and Regulations Handbook. You can also send an Inmate Request Form to Programs or the Chaplain.

In closing, I feel that your issues and concerns were addressed and answered by Doctor Ottolini and RN Lowe. I also feel you have received adequate medical care while here at Central Virginia Regional Jail. If you have any further concerns, questions or things that I can clarify or answer for you, please let me know.



Lt. Col. Huffman
Deputy Superintendent

June 15, 2023

To: Richard Koonce PCP # 034305

Re: Grievance # 879-C

I have reviewed the previous responses to your Grievance and see that everyone has responded at their Step in the Process.

You base your appeal on the following;

"If CVRJ treats anyone w/a mental health challenge such as one struggling w/bi-polar disorder, not offer MAT's to those who struggle w/substance abuse disorder would result in one party being discriminated against 2) If you treat 1 inmate w/MAT you must offer to everyone; if not you are knowingly discriminating against me. I will request once again to be treated w/the evidence base treatment of suboxone as other inmates are treated at CVRJ. Federal Medical Standards/Ethics state: "if you do for one, you must do for all!"

In response;

You were seen by the Jail's Physician on April 27, 2023 at 9:37 am, the Treating Physician determined that you are not eligible for (MOUD) Medications for Opioid Use Disorder or (MAT) Medically Assisted Treatment Services (i.e. Suboxone for the treatment of Substance Abuse Disorder) here at CVRJ. The decision on whether to prescribe (MOUD)(MAT) is determined by our Medical Provider, Medical Policies and Protocols.

Your Medical Records do not indicate that you have ever been diagnosed or treated for Substance Abuse Disorder, or that you have been prescribed Buprenorphine (Suboxone), Naltrexone (Vivitrol), or Methadone. Had you been participating in a (MOUD) Medications for Opioid Use Disorder or a (MAT) Medication Assisted Treatment Program with a current prescription prior to incarceration, then the Jail's Physician indicates that they would have continued such Treatment ensuring "Continuity of Care" in accordance with our Medical Policies and Protocols.

However, since you had no current Prescriptions upon arrival at the Jail, and have provided no Medical Records indicating previous Treatment or Care, the Jail's Medical Provider did not approve your Medically Assisted Treatment (MAT) in accordance with our Medical Polies and Protocols.

Based on the decision of the Jail's Medical Provider, your requested relief "to be treated with MATS" is denied as the Jail's Medical Provider made the Medical Determination not to prescribe Medically Assisted Treatment (MAT) in accordance with our Medical Policies and Protocols.

June 15, 2023

Richard Koonce PCP # 034305
Grievance # 879-C

The Central Virginia Regional Jail Health Authority has the following Policy in place:

"All final Medical Judgements rest with the Designated Licensed Physician" and operates with full Medical Autonomy as the Administration and Staff of the Central Virginia Regional Jail will not restrict or impede the Medical, Dental or Mental Health Opinions of the Responsible Physician. The Department recognizes these matters of Medical Judgement are the sole province of the responsible Jail Physician.

As you have been informed in previous responses, the following programs are currently available to you:

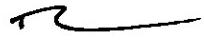
Seeking Safety Class provided by our Mental Health Clinician from Rappahannock Rapidan Community Services Board (I understand you are enrolled and attending)

Celebrate Recovery with our Jail Chaplain

Peer Recovery Group (Peer Counselors) through Rappahannock Rapidan Community Services Board

Vivitrol: This is a Voluntary Program that allows inmates to receive Vivitrol prior to release, once a release date has been established and you have indicated you would like to receive Vivitrol prior to your release. Accordingly, Medical Staff will meet with you and go over the process at this time. It is not a matter of days one, ten, ninety, it's a process of treatment and planning. However, you are unsentenced and have pending Court Appearances, establishing any timeline is not possible until you have a release date.

In closing, you also challenge how inmates are made aware of Programs available to them. In response, I point out that a list is provided in the Inmate Handbook on pages 37 -38. Also, periodically Staff will come through the Blocks or Post Sign-Up Sheets notifying Inmates of upcoming Program Opportunities.



F. Dyer III
Superintendent

CENTRAL VIRGINIA REGIONAL JAIL**INMATE REQUEST FORM**Name Richard KoounceTime 7:30PMPCP # 034305Date 4/16/23 Housing F

INSTRUCTION: Please check the problem or request area. Be specific about what action you want. This is not a grievance form.

- CDI - Community Diversion
 - Chaplain
 - Classification
 - Commissary
 - Haircuts
 - Inmate Accounts
 - Mail
 - Medical
 - Notary
 - Programs
 - Property
 - Records
 - Shift Supervisor
 - Special Canteen
 - Special Visit
 - Trusty
 - Work Release
 - Other MAJOR
- I only desire an opportunity to help myself!*

REQUEST: I'm requesting a grievance for my medical treatment to be treated for Silhstopic Abuse Disorder here at CVRT. Your facility treats some addicts but not others; wherefore Both Groups struck w/Acute Addiction. Just be one group we're already being treated does not & cannot afford me the same treatment. No Different than any other Disease is not based on how well one was treating their Addiction prior to incarceration which amounts to wrongfull Discrimination. Thank You!

Staff Receiving the Request: Bucatt Date 4/16/23

Supervisory Review: _____ Date _____

Action Taken: _____

M. Koounce, As you were told on the request form you sent in 10/24/22, we do not staff detoxify anyone. So boxes, we only continue current prescriptions. You have been scheduled to be seen by our medical director who can explain the policy to you!

Signature _____ Date _____

Original - Completed form forwarded to appropriate file.

Copy 1 - Completed form returned to Inmate with Action Noted/Response.

Copy 2 - Retained by Inmate at Time of Request.

Dionne, 4/17/23

CENTRAL VIRGINIA REGIONAL JAIL**INMATE REQUEST FORM**Name Rich KoonceTime 7:45pmPCP # 034305Date 7/16/23 Housing F

INSTRUCTION: Please check the problem or request area. Be specific about what action you want. This is **not** a grievance form.

- | | |
|--|---|
| <input type="checkbox"/> CDI - Community Diversion | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Property |
| <input checked="" type="checkbox"/> Classification | <input type="checkbox"/> Records |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Shift Supervisor |
| <input type="checkbox"/> Haircuts | <input type="checkbox"/> Special Canteen |
| <input type="checkbox"/> Inmate Accounts | <input type="checkbox"/> Special Visit |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Trusty |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Work Release |
| <input type="checkbox"/> Notary | <input type="checkbox"/> Other _____ |

REQUEST:Can you send me 2-1983 Forms please!Staff Receiving the Request: Dy CC Date 7/16/23Supervisory Review: S Date 7-17-23Action Taken: End to Classification

Response: We do not issue that form here.
You have to get your attorney to send it
to you.

Signature [Signature] Date 7/17/23

Original - Completed form forwarded to appropriate file.

Copy 1 - Completed form returned to Inmate with Action Noted/Response.

Copy 2 - Retained by Inmate at Time of Request.

CENTRAL VIRGINIA REGIONAL JAIL

INMATE REQUEST FORM

Name Rich Koonce

Time 2pm

PCP # 034305

Date 7/21 Housing F

INSTRUCTION: Please check the problem or request area. Be specific about what action you want. This is **not** a grievance form.

- CDI - Community Diversion
- Chaplain
- Classification *4281983*
- Commissary
- Haircuts
- Inmate Accounts
- Mail
- Medical
- Notary

- Programs
- Property
- Records
- Shift Supervisor
- Special Canteen
- Special Visit
- Trusty
- Work Release
- Other

REQUEST:

4281983 Form is for a Civil Case - The law library must provide these forms as they do case law. I have a criminal attorney @ \$350 per hour. He is NOT my Attorney for a Civil Complaint. I am requesting a 4281983 Form!

Staff Receiving the Request: Off Admin Date 7/21/23

Supervisory Review: FWD Classification Date 7/21/23

Action Taken: _____

Response: We do not provide them here.

Signature [Signature] Date 7/27/23

Original - Completed form forwarded to appropriate file.

Copy 1 - Completed form returned to Inmate with Action Noted/Response.

Copy 2 - Retained by Inmate at Time of Request.

CENTRAL VIRGINIA REGIONAL JAIL**INMATE REQUEST FORM**Name Richard KoenceTime 7:30pmPCP # 034305Date 7/10/23 Housing F

INSTRUCTION: Please check the problem or request area. Be specific about what action you want. This is not a grievance form.

- | | |
|--|---|
| <input type="checkbox"/> CDI - Community Diversion | <input type="checkbox"/> Programs |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Property |
| <input type="checkbox"/> Classification | <input type="checkbox"/> Records |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Shift Supervisor |
| <input type="checkbox"/> Haircuts | <input type="checkbox"/> Special Canteen |
| <input type="checkbox"/> Inmate Accounts | <input type="checkbox"/> Special Visit |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Trusty |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Work Release |
| <input type="checkbox"/> Notary | <input checked="" type="checkbox"/> Other |
- 5邵士 Major/Medical

REQUEST:

I will ask once again, in the wake of things happening
 OCVRT I'm requesting to be treated w/the Evidence based
 MAT Suboxen for Methadone. Virtutol is NOT Available to me.
 As for Programs on pg. 38; only Seeking Safety is available.
 Not A Single Program on Pg. 38 is currently Available. Plus
 Seeking Safety is taught by A licensed mental Health worker Not A
 Substance Abuse Clinician. I'm Also requesting a 1983 Form!

Staff Receiving the Request: Daval Date 7/10/23

Supervisory Review: _____ Date _____

Action Taken: _____

Response: Mr. Koence,

This was addressed in grievance #
8799.

Signature Daval Date 7/10/23

Original - Completed form forwarded to appropriate file.

Copy 1 - Completed form returned to Inmate with Action Noted/Response.

Copy 2 - Retained by Inmate at Time of Request.